Guidance document for processing PM-JAY packages

Pyeloplasty, Pyeloureterostomy, Pyelopyelostomy

Procedures covered: 6 **Specialty: Urology/ Pediatric Surgery**

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Procedure price (INR)	ALOS (in days)
Pyeloplasty, Pyeloureterostomy, Pyelopyelostomy	Pyeloplasty - Open	S700016	SU021A	27,500	3
Pyeloplasty, Pyeloureterostomy, Pyelopyelostomy	Pyeloplasty - Laparoscopic	S700017	SU021B	27,500	2
Pyeloplasty, Pyeloureterostomy, Pyelopyelostomy	Pyeloureterostomy - Open	S700016	SU021C	27,500	3
Pyeloplasty, Pyeloureterostomy, Pyelopyelostomy	Pyeloureterostomy - Laparoscopic	S700017	SU021D	27,500	2
Pyeloplasty, Pyeloureterostomy, Pyelopyelostomy	Pyelopyelostomy - Open	S700016	SU021E	27,500	3
Pyeloplasty, Pyeloureterostomy, Pyelopyelostomy	Pyelopyelostomy - Laparoscopic	S700017	SU021F	27,500	2

Minimum qualification of the treating doctor:
Essential: MCh/ DNB equivalent (in Urology/ Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: Care at Tertiary Hospital

Disclaimer:

For monitoring and administering the claim management process of **Pyeloplasty, Pyeloureterostomy, Pyelopyelostomy,** NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers: Pyeloplasty, Pyeloureterostomy, Pyelopyelostomy:

Pyeloplasty:

- A surgical reconstruction of renal pelvis, to drain and decompress renal pelvis due to Uretero-pelvic junction obstruction. (UPJ)
- If an indwelling ureteral stent is left in place, it is usually removed cystoscopically 4-6 weeks after the procedure.
- Generally, perform imaging studies approximately 6-8 weeks after the procedure to assess renal function and to help rule out residual obstruction.

Pyeloureterostomy reconnecting the donor ureter to either the recipient ureter (ureteroureterostomy) or bladder (ureteroneocystostomy), or creating an anastomosis between the renal pelvis and recipient native ureter.

Pyelopyelostomy: Intrinsic defect at the uretero-pelvic junction (UPJ) is not necessarily present and so, dismembered pyeloplasty would not be necessary. laparoscopic transposition pyelo-pyelostomy (LTP) to treat UPJO.

Indications

- Open pyeloplasty has been the gold standard for surgical treatment of ureteropelvic junction (UPJ)
- Most clinicians consider the presence of symptoms from the obstruction, such as recurrent flank pain, nausea, and vomiting, to be indications for interventions.
- Recurrent urinary tract infections, pyelonephritis, ipsilateral nephrolithiasis, and deterioration in renal function.
- Laparoscopic dismembered pyeloplasty became the treatment of choice of ureteropelvic junction obstruction (UPJO).
- For retrocaval ureter (RCU).

Diagnostic

- Intravenous pyelogram (IVP) /CT/CT-IVP/DTPA Renal scan.

Management
Open pyeloplasty

- This procedure typically involves a muscle incision that entails some degree of morbidity.
- If significant dilation of the renal pelvis occurs, it is often reduced in size by trimming off redundant tissue, and then it is tailored in such a fashion that it funnels down towards the anastomosis.

- If an accessory or aberrant vessel exists near the UPJ, the anastomosis is positioned anterior to the vessel.

Laparoscopic pyeloplasty

The morbidity associated with flank incision in Open Pyeloplasty lead to development of minimally invasive approach to UPJ repair, that is Laparoscopic surgery, as in open approach with adherence to identical surgical principles.

- Performed through a transperitoneal or retroperitoneal route, depending on factors such as obesity and previous abdominal surgeries.
- **A transperitoneal approach** is allows a larger working space,
- **The retroperitoneal approach** provides more direct access to the UPJ.

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	**Pyeloplasty, Pyeloureterostomy, Pyelopyelostomy**
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment and advice for admission.	Yes
b. Intravenous pyelogram (IVP) /CT/CT-IVP/DTPA Renal scan report	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure / operation notes	Yes
c. Intra procedure clinical photograph	Yes
d. Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 **Objective:** To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by supporting documents/investigation reports etc., in deciding the admissibility and quantum of claim and compliance with mandatory documents by the hospital.

2.2 **Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:**

Mandatory document	Pyeloplasty, Pyeloureterostomy , Pyelopyelostomy
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical notes including evaluation findings and planned line of treatment and advice for admission submitted?	Yes
b. Was the Intravenous pyelogram (IVP) /CT/CT-IVP/DTPA Renal scan report submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):	
a. Detailed Indoor case papers submitted?	Yes
b. Are the detailed procedure / Operative Notes submitted?	Yes
c. Was the Intra procedure clinical photograph submitted?	Yes
d. Is the Discharge summary submitted?	Yes

PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

3.1 **Objective:** To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 **Below mentioned are the scenarios where a provision would be built in TMS for pop-ups**:

I. Was the clinical notes and Intravenous pyelogram (IVP) /CT/CT-IVP/DTPA Renal scan report are indicative of procedure? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

References:

1. Rajfer, Jacob, et al. "Pyelovesicostomy as a form of urinary reconstruction in renal transplantation." The Journal of urology 136.2 (1986): 372-375.
2. El Harrech, Y., et al. "Transperitoneal laparoscopic pyelopyelostomy for retrocaval ureter without excision of the retrocaval segment: experience on three cases." Advances in urology 2016 (2016).
3. Sameh, Wael, and Omar F. Elgebaly. "Laparoscopic transposition pyelo-pyelostomy for repair of adult uretero-pelvic junction obstruction secondary to lower pole crossing vessels: A Novel technique." Journal of endourology 26.4 (2012): 377-380.